

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024697

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6453

FILED JUL 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

2811a N. 19th. Street

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

LEO

Thomas

HALLORAN

4. DATE

OF
DEATH

Month

Day

Year

6

28

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Widowed ☐

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

5-31-1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY

Hamm Trucking Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY

US.

13a. FATHER'S NAME

Frank Halloran

13b. MOTHER'S MAIDEN NAME

Catherine O'Connell

14. NAME OF HUSBAND OR WIFE

Hilda Halloran

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

none

17. INFORMANT

Address

Mrs. H. Halloran, 2811a N. 19th. St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MILITARY TUBERCULOSIS

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

019.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-24-62

to 6-28-62

and last saw her him alive on 6-28-62

Death occurred at 2:45

A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Dwyer

M.D.

22b. ADDRESS

1515 LAFAYETTE AVENUE

22c. DATE SIGNED

6-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-30-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Robert D. Kinealy, 2288

St. Louis Ave

25. DATE RECD. BY LOCAL REG.

JUN 29 1962

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert J. Lane Jr.
4800

Licensed Embalmer No.

P. O. Address

Kirkwood 27, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.